



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8763722
Outpatient Patient Service Revenue	\$66309020
Total Gross Patient Service Revenue	\$75072742

2. Deductions From Revenue

Contractual Allowance	\$54349331
Other Deductions	\$972646
Total Deductions	\$55321977

3. Total Operating Revenue

Net Patient Service Revenue	\$19750766
Other Operating Revenue	\$1551725
Total Operating Revenue	\$21302491

4. Operating Expenses

Salaries and Wages	\$7833957	Employee Benefits	\$2380598
Depreciation and Amortization	\$525860	Interest Expense	\$141494
Bad Debt	\$0	Other Expenses	\$9744832
Total Operating Expenses	\$20626741		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$675749	Total Assets	\$10783000
Net Non-operating Gains over Loss	\$-61675	Total Liabilities	\$8769000

Total Net Gains	\$614074
-----------------	----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$38289892	\$28387355	\$9902537
Medicaid	\$15735138	\$14216906	\$1518232
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21047712	\$12717716	\$8329996
Total	\$75072742	\$55321977	\$19750765

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3422	\$-3422

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$27152	\$-27152
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$50581	\$-50581

Number of Medical Professionals Trained	490
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	364

Statement Six: Charity Statement

Hospital Charity Charges	\$4804129
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1186213	
HCI Payments	\$0		
Subtotal	\$0	\$1186213	\$-1186213
Medicaid Shortfalls	\$1518232	\$5127638	
Subtotal	\$1518232	\$6313851	\$-4795619
DSH Payments	\$0		
Subtotal	\$1518232	\$6313851	\$-4795619
Medicare Shortfalls	\$9548908	\$9454365	
Other Government Programs	\$0	\$0	
Total	\$11067140	\$15768216	\$-4701076

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$52523	\$-52523
Community Assessment	\$0	\$31519	\$-31519
Provision of Taxes	\$0	\$1242389	\$-1242389
Other Allocations	\$0	\$0	\$0

Comments